## PART B - FEE(S) TRANSMITTAL

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| DIVERSA C/O MOFO S.D. 12531 HIGH BLUFF DRIVE SUITE 100  |  |  |  |  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |  |  |  |
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| APPLICATION NO.   | NO. FILING DATE  |  | FIRST NAMED INVENTOR   |  | R ATTORNEY DOCKET NO.   |  |  | CONFIRMATION NO.   |  |
| 10/081,739  | 10/081,739 02/21/2002  |  | Walter Callen  |  | 564462006000  |  | 1077   |  |  |
| TITLE OF INVENTION  |  |  |  |  |   |  |  |  |  |
| APPLN. TYPE   | SMALL ENTITY   | STOO   | PUBLICATION FEE D  | UE   | PREV. PAID ISSUE  | FEE  | TOTAL FEE(S) DUE   | DATE DUE   |  |
| nonprovisional  | nonprovisional YES   |  | \$300  |  | \$0   |  | \$1000   | 08/22/2007   |  |
| EXAMINER  |  | ART UNIT   | RT UNIT CLASS-SUBCLAS  |  |   |  |  |  |  |
| RAO, MANJUNATH N  |  | 1652   | 536-023200   |  |   |  |  |  |  |
| ☐ "Fee Address" indi  | once address or indication<br>ondence address (or Cha<br>1/122) attached.<br>cation (or "Fee Address'<br>2 or more recent) attach  | inge of Correspondence   | 2. For printing on the patent front page, list  (1) the names of up to 3, registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |  |   |  |  |  |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)   |  |  |  |  |   |  |  |  |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |  |  |  |  |   |  |  |  |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)   |  |  |  |  |   |  |  |  |  |
| Verenium Co   | San Diego, California  |  |  |  |   |  |  |  |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government   |  |  |  |  |   |  |  |  |  |
| 4a. The following fee(s) a  X Issue Fee  X Publication Fee (N  X Advance Order - #  | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1952(enclose an extra copy of this form). |  |  |  |   |  |  |  |  |
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| Authorized Signature  | /Gregory P.  |  |  |  | DateAug   | ust 2  | 2, 2007  | •••  |  |
| Typed or printed name Gregory P. Einhorn  |  |  |  |  | Registration No. 38,440   |  |  |  |  |
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